

A

PTO/SB/17 (11-00)
Applicable for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 130

Complete if Known

Application Number: 10/091,513

Filing Date: March 7, 2002

First Named Inventor: Dean Moses

Examiner Name:

Group / Art Unit:

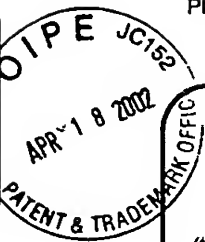
Attorney Docket No.: 19312.0020

RECEIVED
APR 22 2002
Technology Center 2100

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 195127, Order No. 19312.0020</p> <p>Deposit Account Name: Swidler Berlin Shereff Friedman, LLP</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>130</td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>				Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,280	241	620		142	1,280	242	620		143	460	243	220		144	620	244	300		122	130	122	130	130	123	130	123	130		126	180	126	180		581	40	581	40		146	740	246	355		149	740	249	355		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																				
105	130	205	65																																																																																																																																																					
127	50	227	25																																																																																																																																																					
139	130	139	130																																																																																																																																																					
147	2,520	147	2,520																																																																																																																																																					
112	920*	112	920*																																																																																																																																																					
113	1,840*	113	1,840*																																																																																																																																																					
115	110	215	55																																																																																																																																																					
116	400	216	200																																																																																																																																																					
117	920	217	460																																																																																																																																																					
118	1,440	218	720																																																																																																																																																					
128	1,960	228	980																																																																																																																																																					
119	310	219	155																																																																																																																																																					
120	310	220	155																																																																																																																																																					
121	270	221	135																																																																																																																																																					
138	1,510	138	1,510																																																																																																																																																					
140	110	240	55																																																																																																																																																					
141	1,280	241	620																																																																																																																																																					
142	1,280	242	620																																																																																																																																																					
143	460	243	220																																																																																																																																																					
144	620	244	300																																																																																																																																																					
122	130	122	130	130																																																																																																																																																				
123	130	123	130																																																																																																																																																					
126	180	126	180																																																																																																																																																					
581	40	581	40																																																																																																																																																					
146	740	246	355																																																																																																																																																					
149	740	249	355																																																																																																																																																					
179	740	279	370																																																																																																																																																					
169	900	169	900																																																																																																																																																					
<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																																																																																																																																								
<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p>SUBTOTAL (1) (\$ 0)</p>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	710	208	355	Reissue filing fee		114	160	214	80	Provisional filing fee																																																																																																																		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																			
101	740	201	370	Utility filing fee																																																																																																																																																				
106	330	206	165	Design filing fee																																																																																																																																																				
107	510	207	255	Plant filing fee																																																																																																																																																				
108	710	208	355	Reissue filing fee																																																																																																																																																				
114	160	214	80	Provisional filing fee																																																																																																																																																				
<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>3**</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p>SUBTOTAL (2) (\$ 0)</p>				Total Claims	Extra Claims	Fee from below	Fee Paid	20**	0	18	0	Independent Claims	3**	0	0	Multiple Dependent			0	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																		
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																					
20**	0	18	0																																																																																																																																																					
Independent Claims	3**	0	0																																																																																																																																																					
Multiple Dependent			0																																																																																																																																																					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																			
103	18	203	9	Claims in excess of 20																																																																																																																																																				
102	84	202	42	Independent claims in excess of 3																																																																																																																																																				
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																				
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																				
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																				
<p>**or number previously paid, if greater; For Reissues, see above</p>				<p>Other fee (specify)</p> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$ 130)</p>																																																																																																																																																				

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Chadwick A. Jackson	Registration No. Attorney/Agent)	46,495	Telephone	202 424-7500
Signature		Date	April 18, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Please type a plus sign (+) inside this box

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/091,513
Filing Date	March 7, 2002
First Named Inventor	Dean Moses
Group Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	19312.0020

Total Number of Pages in This Submission

352

RECEIVED

APR 8 2 2002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Statement Claiming Small Entity Status <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Make Special Under M.P.E.P. Section 708.02; PTO Form 1449 and 10 references
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Chadwick A. Jackson, Reg. No. 46,495
Signature	
Date	April 18, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.